



APPLICATION FOR BUILDING, PLUMBING, & MEDICAL GAS PLAN APPROVAL

This form is also available at www.com.ohio.gov/dico

Submit one application per building or structure; all sections must be completed, See instruction sheet for details.

1 SCOPE OF PROJECT: <input type="checkbox"/> Building General <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Electrical <input type="checkbox"/> Industrialized unit <input type="checkbox"/> Plumbing <input type="checkbox"/> Medical Gas <input type="checkbox"/> Request for walk in plan review appointment	2 TYPE OF PROJECT: <input type="checkbox"/> New Building Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Building Addition <input type="checkbox"/> Change of Occupancy	3 PHASED PLAN REVIEW: <input type="checkbox"/> Footing & Foundation <input type="checkbox"/> Building Slab <input type="checkbox"/> Building Shell <input type="checkbox"/> Interior Partitions <input type="checkbox"/> Building Systems
4 APPLICATION RELATED INFORMATION: <ul style="list-style-type: none"> ▪ Is this project being submitted as a result of a previous preliminary plan review? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide the preliminary plan review CPA number: _____ ▪ Has this building received any certificate of plan approval before this application? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide all previous or related CPA numbers: _____ ▪ Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you received? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide the adjudication order number: _____ ▪ Total number of sheets in one set of your drawings for this application? _____ 		
5 PROJECT/BUILDING LOCATION: Building Name _____ Street Address _____ City/Township _____ Zip Code _____ County _____ Directions _____ <ul style="list-style-type: none"> ▪ Is this project /building located in an incorporated city, township, or village? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Is this project/building located within your local flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
6 BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: _____ _____ _____		
7 BUILDING OWNER INFORMATION: Name of owner _____ Attention: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-mail _____		
8 APPLICANT INFORMATION: Applicant _____ Attention: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-mail _____		
9 DESIGNER INFORMATION: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Fire protection system designer Designer _____ Ohio registration No.: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-mail _____		
10 BUILDING CODE INFORMATION: (Information applies to construction area in a mixed use groups building, or the entire building if a single use group building) Current use group(s) _____ Proposed use group(s) _____ Construction type(s) _____		



OHIO APPLICATION FOR BUILDING PLAN APPROVAL

11	GENERAL BUILDING INFORMATION: (The following information applies to the <i>entire building</i> , not just construction area.)																															
<ul style="list-style-type: none"> ▪ Building Information: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Use group(s)? _____</td> <td style="width: 25%;">Mixed use groups? _____</td> <td style="width: 10%;">No _____</td> <td style="width: 10%;">Yes _____</td> <td style="width: 15%;">Separated _____</td> <td style="width: 15%;">Non-separated _____</td> </tr> <tr> <td>Construction type? _____</td> <td>Building height (FT)? _____</td> <td colspan="4">No. of stories? _____</td> </tr> <tr> <td>Occupant load? _____</td> <td>Storage height (FT)? _____</td> <td colspan="4">Storage aisle width (FT)? _____</td> </tr> </table> ▪ Fire Protection Systems: (Enter the type of system such as NFPA 13, NFPA 72, etc., if known. Enter "N/A" if not applicable) <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Building sprinkler system? _____</td> <td style="width: 25%;">Sprinkler demand @ base of riser (PSI)? _____</td> <td colspan="2"></td> </tr> <tr> <td>Limited area sprinkler system? _____</td> <td>Type 1 hood sprinkler? _____</td> <td colspan="2">In-Rack sprinkler system? _____</td> </tr> <tr> <td>Building fire alarm system? _____</td> <td>Fire detection system? _____</td> <td colspan="2">Smoke detection system? _____</td> </tr> </table> 			Use group(s)? _____	Mixed use groups? _____	No _____	Yes _____	Separated _____	Non-separated _____	Construction type? _____	Building height (FT)? _____	No. of stories? _____				Occupant load? _____	Storage height (FT)? _____	Storage aisle width (FT)? _____				Building sprinkler system? _____	Sprinkler demand @ base of riser (PSI)? _____			Limited area sprinkler system? _____	Type 1 hood sprinkler? _____	In-Rack sprinkler system? _____		Building fire alarm system? _____	Fire detection system? _____	Smoke detection system? _____	
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12	APPLICATION FEES:	Paid by: _____ Cash _____ Check _____ Credit card _____ ISTV _____																														
<ul style="list-style-type: none"> ▪ Total square footage of construction area (Round up to the next 100 square feet): <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Building _____</td> <td style="width: 25%;">Mechanical _____</td> <td style="width: 25%;">Electrical _____</td> <td style="width: 25%;">Sprinkler _____</td> <td style="width: 20%;">I.U. _____</td> </tr> </table> ▪ Total linear footage of construction items not covered under the square footage: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Building _____</td> <td style="width: 25%;">Mechanical _____</td> <td style="width: 25%;">Electrical _____</td> <td style="width: 25%;">Number of alarm devices _____</td> </tr> </table> ▪ Plumbing: Total number of plumbing fixtures: _____ ▪ Medical gas: Total number of rooms with med gas equipment: _____ Total number of zone valve assembly? _____ <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td style="width: 50%;">Total number of system: _____</td> <td style="width: 50%;">Total number of tie-ins: _____</td> </tr> </table> ▪ Total application fees (from fee worksheet) _____ Estimated construction cost: _____ 			Building _____	Mechanical _____	Electrical _____	Sprinkler _____	I.U. _____	Building _____	Mechanical _____	Electrical _____	Number of alarm devices _____	Total number of system: _____	Total number of tie-ins: _____																			
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13	CERTIFICATION: I certify that I am the _____ Owner _____ Agent for the owner and all information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above. Signature _____ Print Name: _____ Date _____	14																														
		THE AREA BELOW IS FOR OFFICIAL USE ONLY: Date received _____ CPA No.: _____ Check No.: _____ Verification # _____ Processed by: _____ Walk in _____ Mail in _____																														

The maximum number of inspections included in the fees provided for in Section 4101:7-7 of the Ohio Administrative Code (OAC) will be as indicated in the chart below. Any additional inspections will be subject to a charge of \$150 re-inspection fee. Please note that the allocated number of inspections does not include fire protection system acceptance inspections by the State or local fire officials.

Number of allocated inspections for building/mechanical/electrical/sprinkler/fire alarm work included in the permit fees	
0-2,500	5 per each scope of project
2,501-10,000	6 per each scope of project
10,001-20,000	9 per each scope of project
20,001-30,000	10 per each scope of project
> 30,000	Add 1 inspection per each additional 10,000 s.f.
Number of allocated inspections for medical gas scope of work included in the permit fees	
Total number of rooms with medical gas equipment	2 per room
Total number of zone valve assembly	2 per assembly
Total number of medical gas system	2 per system
Total number of tie-ins	2 per tie-in

DIRECTIONS FOR COMPLETING OHIO APPLICATION FOR BUILDING PLAN APPROVAL

Application Directions: Complete page one of the application and attached worksheets as outlined below. All boxes, 1 through 14, must be completed in full or the application will be returned. Send this completed form along with all required documents to "Ohio Department of Commerce, Division of Industrial Compliance, Bureau of Building Code Compliance, 6606 Tussing Road, Reynoldsburg, Ohio 43068-9009"

1. **SCOPE OF PROJECT:** Check all the boxes that apply to the scope of work proposed in this project. Every scope of work checked must be accompanied with the appropriate fees. Without establishing the proper scope of work, the division will be unable to establish the inspection schedule for the project. Please note that "**Building General**" refers to **all "general trade" work** in the building including ceiling panels/grids, non-loadbearing partitions, flooring, etc.; NOT just structural loadbearing components of the building. Requesting walk-in plan review appointment must first fax (614) 644-3145 or e-mail (BDCCPlans@com.state.oh.us) this completed application to our office for review and consideration. By checking this request on the form does not guarantee a plan review appointment.
2. **TYPE OF PROJECT:** Check one of the types of projects from the list.
3. **PHASED PLAN REVIEW:** If you are applying for a phased plan approval, check all phases of the plan reviews that are applicable to this project. The plans examiner will review your plans according to the phased schedule. If you are not applying for a phased plan review, leave all boxes blank.
4. **APPLICATION RELATED INFORMATION:** Answer each of the questions in this block and provide additional information accordingly. Complete answers to the questions will help the division process and review the project accurately.
5. **PROJECT/BUILDING LOCATION:** Please provide complete information identifying the location of the building where the construction or renovation will occur. This will help the division determine the proper jurisdiction for the project.
6. **BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION:** Please provide a brief description of the scope of work. Please include the names of the areas or rooms affected by the construction when only a portion of building is covered under the permit application. The description provided will be shown on your certificate of use and occupancy.
7. **BUILDING OWNER INFORMATION:** Please provide complete answers to each item. If the building is owned by a corporation, please provide the name of the corporation and identify a contact person in the section called "Attention."
8. **APPLICANT INFORMATION:** Provide complete information. All project correspondences will be directed to the project applicant.
9. **DESIGNER INFORMATION:** Section 106.2 of the Ohio Building Code requires that the design professional be identified including the design professional's Ohio registration number.
10. **BUILDING CODE INFORMATION:** Information provided applies to the construction area in a mixed use groups building, or the entire building if it is a single use group building. For change of occupancy, the term "Current use group" refers to the approved use group under the previous occupancy. For information concerning the term "Proposed use group", please refer to Chapters 3 and 6 of Ohio Building Code for the proper classification.
11. **GENERAL BUILDING INFORMATION:** The information provided applies to the entire building and is not limited to the construction area. Even when the proposed project is a partial building renovation or a building addition, the information for the entire building is required. The information provided will be shown on your certificate of use and occupancy in accordance with section 111 of the Ohio Building Code.
12. **APPLICATION FEES:** Please check one of the preferred payment methods and provide the square footage or linear footage of the areas affected by the construction. Please refer to the Fees Worksheet in this package for more details.
13. **CERTIFICATION:** The application cannot be processed if this section is not complete.
14. **OFFICE USE ONLY:** This section is reserved for our office use only. Please do not mark in this area.

Once the plans have been examined and approved, a Certificate of Plan Approval will be issued to the owner along with two sets of construction documents. One of the sets of construction documents must remain at the job site at all times during construction pursuant to OAC 4101:1-1-01. Inspections can be obtained from the Division of Construction Compliance by calling the dispatch center at least one day prior to the inspection. The dispatch phone number is (800) 822-3208. Once all inspections have been obtained a final Certificate of Occupancy will be issued pursuant to OAC 4101:1-1-01.

WORKSHEET FOR FEES TO BE PAID

BUILDING GENERAL FEES (** Round up all lineal and square footage figures to the next 100 feet)				
A. \$275.00 Processing Fee				\$
B. \$10.50 per 100 Square Feet** (Ex. if 103 sq ft, round to 200 sq ft)				\$
C. \$10.50 per 100 Lineal Feet** (See notes below, if 103 lineal ft, round to 200 lineal ft)				\$
MECHANICAL FEES (** Round up all lineal and square footage figures to the next 100 feet)				
A. \$275.00 Processing Fee				\$
B. \$6.50 per 100 Square Feet** (See notes below; if 103 sq ft, round to 200 sq ft)				\$
ELECTRICAL FEES (** Round up all lineal and square footage figures to the next 100 feet)				
A. \$275.00 Processing Fee				\$
B. \$6.50 per 100 Square Feet** (Ex. if 103 sq ft, round to 200 sq ft)				\$
C. \$6.50 per 100 Lineal Feet** (See notes below, if 103 lineal ft, round to 200 lineal ft)				\$
FIRE ALARM FEES (Do not include system acceptance tests/inspections by fire officials)				
A. \$275.00 Processing Fee				\$
B. \$6.50 per Alarm Device				\$
SPRINKLER FEES (Do not include system acceptance tests/inspections by fire officials)				
A. \$275.00 Processing Fee				\$
B. \$6.50 per 100 Square Feet** (Ex. if 103 sq ft, round to 200 sq ft)				\$
PLUMBING				
A. \$200.00 Processing Fee				\$
B. \$200.00 Plan Review Fee				\$
C. \$20.00 per plumbing fixture		Total number of fixtures:	=	\$
MEDICAL GAS				
A. \$250.00 Processing Fee				\$
B. \$250.00 Plan Review Fee				\$
C. \$10.00 per room with medical gas equipment		Total number of room(s)	=	\$
D. \$25.00 per zone valve assembly		Total number of assembly	=	\$
E. \$25.00 per system		Total number of system	=	\$
F. \$25.00 per tie-in		Total number of tie-ins	=	\$
INDUSTRIALIZED UNIT FEES				
A. \$200.00 Processing Fee				\$
B. \$1.75 per 100 Square Feet** (Ex. if 103 sq ft, round to 200 sq ft. The Industrialized Unit fees are only required if you are placing an approved Board of Building Standards Industrialized Unit at a commercial or industrial site for the first time. Otherwise, ignore this fee box.)				\$
CERTIFICATE OF USE AND OCCUPANCY FEE (4101:7-7-01 OAC)				\$ 65.00
SUB TOTAL				\$
BOARD OF BUILDING STANDARDS (BBS) FEE				\$ 3.25
TOTAL (transfer this amount to Total Fees to be Paid on the front side of this application)				\$

Fees are due when plans are submitted. Please make check payable to Treasurer, State of Ohio. If you have fee related questions when completing this worksheet, call 1-800-523-3581.

OFFICIAL USE ONLY

Additional Fees Due		\$
Refund Due		\$

- *Building general linear footage fee applies to fences and/or retaining walls, etc.*
- *Mechanical linear footage fee applies to projects containing only mechanical units or ductwork replacements or repairs where square footages are difficult to calculate. If the work is covered under the mechanical square footage fee calculation; no need to provide linear footage fee again.*
- *Electrical linear footage fee applies to projects containing only electrical units or conductor/conduit replacements or repairs where square footages are difficult to calculate. If the work is covered under the electrical square footage fee calculation; no need to provide linear footage fee again.*

Work Sheet for Phased Plan Approval

1. Project location and applicant information:

Building address: _____ County: _____
Designer: _____ Phone No.: _____
Address: _____ Fax No: _____
_____ E-mail: _____

2. Check the type of work:

New Construction Alterations Change of Occupancy Building Additions

Use group(s): _____ Construction type: _____

3. Phase of plan approval requested: (Please indicate all applicable phases you are requesting)

Building footing and foundation:

- Site plan showing the location of the building in relation to the property lines, public streets, and/or adjacent buildings,
- Building footing and foundation plan showing the depth, section, and all structural design data,
- Building floor plan showing the use occupancy and construction type classification, building area, building height, number of story, means of egress, required fire rated wall locations, etc.,
- Soil investigation report if required by section 1802 OBC.
- Special inspections statement for footing and foundation if required by section 1705 OBC.

Building slab and perimeter insulation:

- All documents required for building footing and foundation phase,
- Building slab and perimeter insulation details,
- Underground utilities including electrical, water, gas, sewer, and fire protection lines and construction details,
- Building energy conservation reports per 1301 OBC for new building constructions,

Building shell:

- All documents required for building footing, foundation, and slab and perimeter insulation,
- Construction details for exterior wall, load bearing and non-load bearing walls, including the required fire resistance rating wall construction details,
- Roof truss and/or floor truss shop drawings,
- Roof construction details,
- Electrical service and wiring for exterior walls and required means of egress lightings,

Building interior partitions:

- All documents required for building footing, foundation, and slab and perimeter insulation, and building shell,
- Construction details for all interior partitions including the required fire resistance rating wall construction details,
- Electrical, plumbing, and/or mechanical drawings if the finishes of interior partitions are a part of the request.

Building systems:

- All documents required for building footing, foundation, and slab and perimeter insulation, and building shell, and interior partitions,
- Construction drawings and details for building system such as electrical, plumbing, mechanical, fire protection systems separately if desired.

Other type of phased approvals: Please attach additional sheet(s) to explain.